

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04385

1. Entity Name

VAR-GAL TREE FARM, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90024 016 ***150.00

Principal Place of Business

Mailing Address

C/O WILLIAM M. BARR
170 E. GRANADA BLVD.
ORMOND BEACH FL 32176-6665
US

C/O BARR, WILLIAM M.
170 E. GRANADA BLVD.
ORMOND BEACH FL 32176-6665
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2860327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARR, WILLIAM M
170 E. GRANADA BLVD.
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VARNEY, MADELINE R	
STREET ADDRESS	2756 NORTH GREEN VALLEY PKY, SUITE 403	
CITY-ST-ZIP	HENDERSON NV 89014	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLAGHER, JOSEPH P.	
STREET ADDRESS	45 LAKEBRIDGE DRIVE SOUTH	
CITY-ST-ZIP	KINGS PARK NY 11754	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLAGHER, RICHARD	
STREET ADDRESS	5 MOUNT PYRAMID CT.	
CITY-ST-ZIP	FARMINGVILLE NY 11738	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOKER, PATRICIA G.	
STREET ADDRESS	3757 S ATLANTIC AVE., #1005	
CITY-ST-ZIP	DAYTONA BCH SHORES FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANASTASI, BARBARA G.	
STREET ADDRESS	9214 MCDAVID COURT	
CITY-ST-ZIP	WINDEMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. Gallagher

President Daytime Phone #

(904) 673-4200

CR2E034 (9/99)